

# Development of Health Career Pathway for California

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*Psychiatric Mental Health Nurse  
Practitioner/Clinical Nurse Specialist  
Career Pathway*

# Current State

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- As of February 2011, there were 9,458 psychiatric technician (PT) in the state
- PTs are concentrated in just a few counties which likely reflects the location of state psychiatric hospitals, or correctional facilities
- Limited number of PT educational programs
- No pathway for PTs to advance to RN
- Licensed vocational nurses (LVN) has increased dramatically, more than tripling between 2000 and 2010
- As of February 2011, there were 77,784 LVNs

# Current State

- The shortage of RNs experienced in California is well documented
- There has been aggressive effort to expand the state's capacity to train new RNs
- Since 2000 the number of new licenses issued each year has approximately doubled
- As of February 2011, there were 308,257 RNs in California
- The California Board of Registered Nursing continues to offer a certificate to practice as a certified psychiatric/mental health nurse

# Current State

- Certified psychiatric/mental health nurse requirements include education at the master's level (the degree must be directly related to mental health) and two years of supervised clinical experience providing mental health counseling services
- The annual number of certifications issued has declined steadily since 1985
- Certification for Psychiatric/Mental Health Nursing and is not required for practice in the state
- As of February 2011, there were 334 certified psychiatric/mental health nurses

# Current State

- Certified Clinical Nurse Specialists (CNS) and Certified Nurse Practitioners (NP) are advanced practice RNs
- Certification requires 500 hours of specified clinical experience and a master's degree
- As of February 2011, there were 2,865 CNS and they are not widely distributed across the state
- As of February 2011, there were 14,623 NP
- NPs tend to work in counties that have low health care provider per population ratios
- Northern California has higher NP certifications per population ratios compared to Southern California

# Current State Key Issues Affecting Future Need

- California's RN workforce is growing, but aging as the average age of working RNs is 47.2, and nearly half of the workforce is over 50 years old
- Over 40 percent of RNs are non-White, but the Latino population remains underrepresented
- Men continue to be underrepresented, making up only 14 % of California's RN workforce
- Despite the large increase in nursing school enrollments, demand for education still far exceeds the supply

# Current State Key Issues Affecting Future Need

- Lack of qualified faculty to train new nurses and the key barrier is lower compensation for academic teaching than positions in clinical areas
- LVNs could potentially be a large source of future RNs
- Investing in LVN-to-RN education programs offers an opportunity to increase the diversity of the RN workforce as the LVN workforce is more diverse than the RN workforce
- The role of NPs has been somewhat limited due to the lack of legislation expanding their scope beyond the traditional scope of practice for RNs

# Current State Key Issues Affecting Future Need

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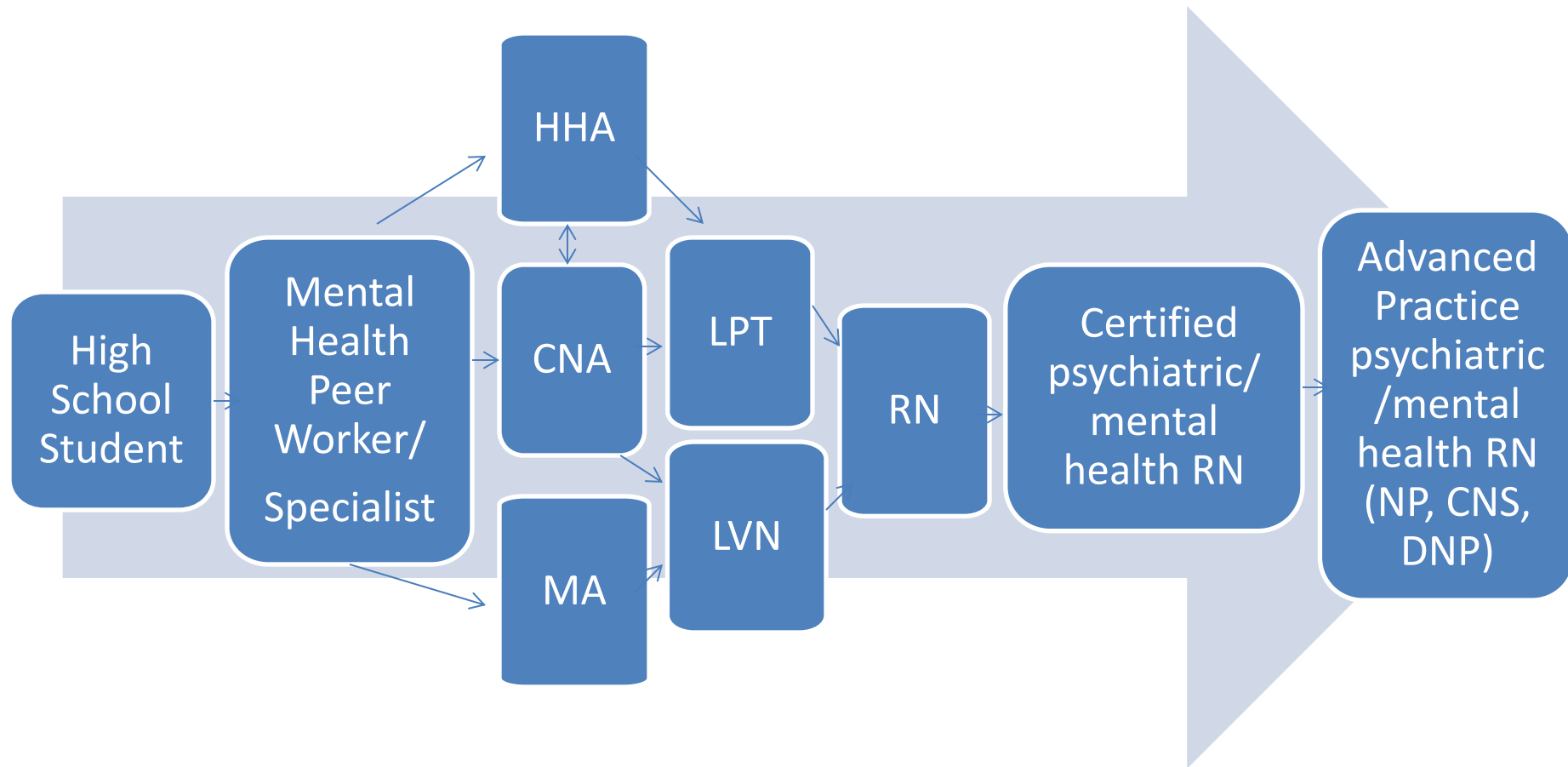
- Potential for NPs to become needed providers, but barriers included the scarcity of post-graduate specialty programs and the prevailing culture of physician specialty practices
- Controversy regarding CNS and DNP
- Experts recommend focusing attention on the educational requirements, career ladders, and professional recognition of CNAs, HHAs, and MAs
- Patient Protection and Affordable Care Act (PPACA) is expected to both increase demand for health care services resulting from expanded insurance coverage



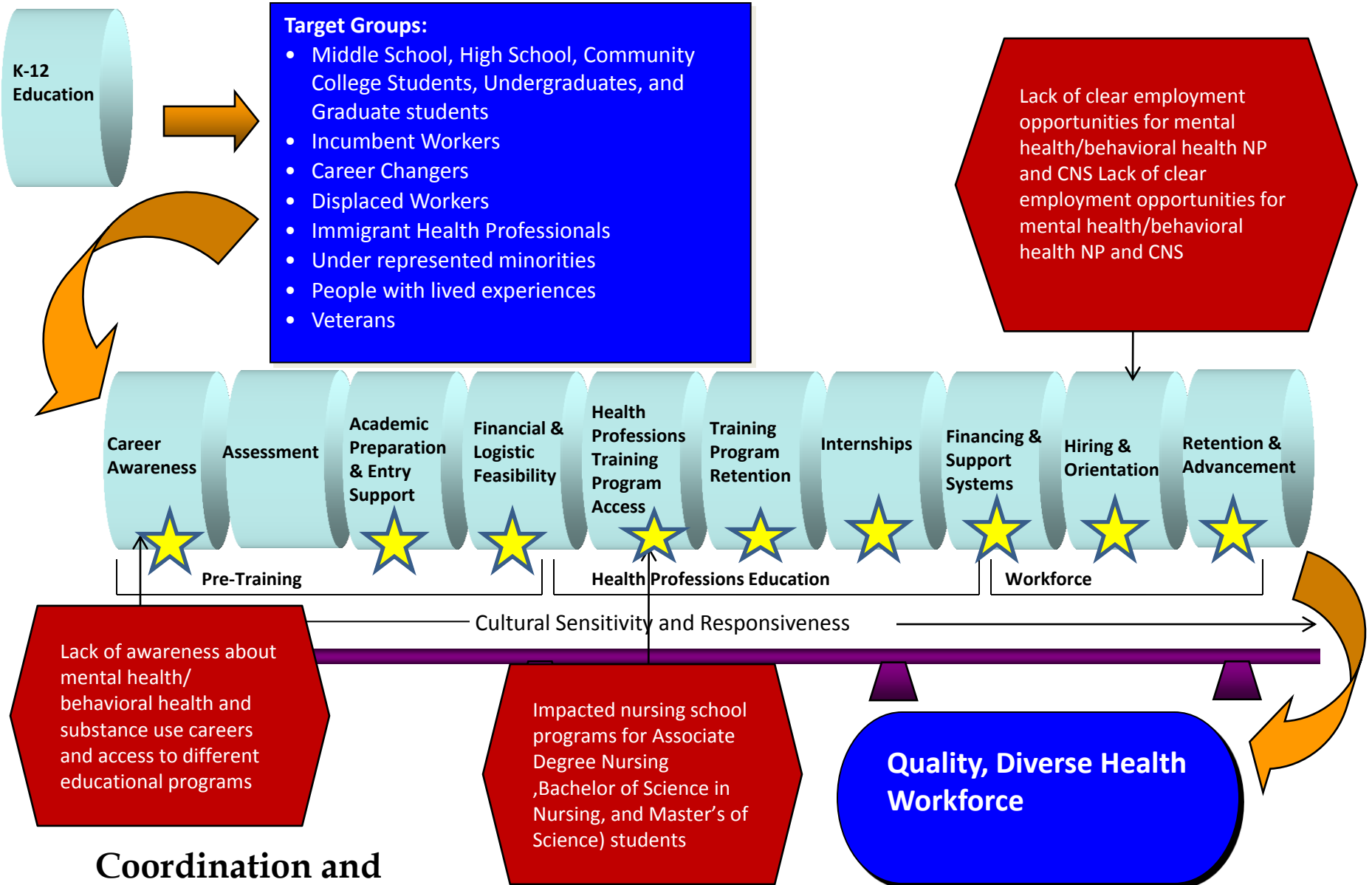
# Sources Consulted

- Brandman University
- California Institute of Nursing And Healthcare (CINHC)
- California State University, Los Angeles
- Department Of Healthcare Services
- Health Workforce Initiative Directors
- National University
- Pacific Clinics
- American River College, Butte College, College of the Canyons, Golden West College, Grossmont College, Mission College, Saddleback College, Solano Community College, Rio Hondo College
- San Jose State University
- UCSF Center For The Health Professions
- University Of California, San Francisco

# Potential Pathway



# Coordinated Health Workforce Pathway



**Coordination and Support Infrastructure**

Adapted from the coordinated health career pathway developed by Jeff Oxendine.

# Recommendations to Address Identified Barriers

Barrier: Career Awareness	Recommendation
1. Lack of awareness about mental health/behavioral health and substance use careers and the different career educational programs	1. Campaign development to increase community and school awareness about mental health/behavioral health and substance use careers
2. Limited mental health/behavioral health and substance use careers exploration outreach opportunities for middle school and high school students	2.1 Increase number of mental health/behavioral health and substance use careers exploration outreach opportunities for students 2.2 Develop new and increase the number of existing high school-middle school peer counseling programs
3. Lack of clear definition of the role of a mental health/behavioral health peer worker	3.1 Form an industry and educational focus group to determine mental health/behavioral health peer worker

# Recommendations to Address Identified Barriers

Barrier: Academic Preparation & Entry Support	Recommendation
4. Reduced number of career guidance counselors to provide awareness of mental health/behavioral health and substance use careers and to develop appropriate educational plans	4.1 Provide financial support to schools to hire more guidance counselors through grant funds
5. Reduction of stigma around mental health/behavioral health and substance use to increase entry in mental health/behavioral health and substance use careers	5.1 Increase mental health/behavioral health and substance use stigma reduction and wellness and recovery information programs and workshops for students, faculty, hiring organizations

# Recommendations to Address Identified Barriers

Barrier: Financial & Logistic Feasibility	Recommendation
6. Lack of mental health/behavioral health peer worker programs and standardized curriculum as well as industry recognized certification	6.1 Identify and potentially market mental health/behavioral health training programs
7. Lack of a career pathway from psychiatric technician (PT) to registered nurse (RN)	7.1 Develop a career pathway model for PT to RN
8. Lack curricula components in PT training programs that are required for a seamless transition into RN/ADN and BSN programs	8.1 Match PT school training with transfer school curricula 8.2 Offer college/university credit for MH/BH work-related experience to LPTs with experience of 6+ years

# Recommendations to Address Identified Barriers

Barrier: Financial & Logistic Feasibility	Recommendation
9. Lack of awareness of difference of roles of LPT, LVN, RN, NP, CNS, & DNP and how these clinicians will work together under PPACA	9.1 Expand awareness of roles of mental health workers including PT, LVN, RN, and Advanced Practice RN (NP, CNS, and DNP)
10. Limited mental health/behavioral health and community based curriculum components integrated into nursing programs	10.1 Address didactic and clinical curriculum components at the college and/or program level to integrate community based practice
11. Curricular differences regarding rigor of programs above the licensing agency standards	11.1 Address didactic and clinical curriculum components at the college and/or program level
12. Cost of education for students and educational institutions	12.1 Increase awareness of scholarships, stipends, loan repayment and loan forgiveness programs

# Recommendations to Address

Barrier: Health Professions Training Program Access	Recommendation
13. Limited numbers PT and mental health/behavioral health programs	<p>13.1 Develop standardized PT to ADN curriculum using innovative models</p> <p>13.2 Enhance collaboration between BRN and BVNPT</p> <p>13.3 Lobby/campaign for recognition of standardized bridge curriculum for PT to RN</p> <p>13.4 Engage nursing schools and nurses in practice to increase awareness of PT roles and service delivery functions within community-based MH/BH settings</p>
14. Impacted nursing school programs for Associate Degree Nursing (ADN), Bachelor of Science in Nursing (BSN), and Master's of Science (MS) students related to enrollment caps	<p>14.1 Multiple barriers identified and addressed by different nursing and other organizations</p> <p>14.2 Encourage nursing programs to increase part time/hybrid programs</p>



# Recommendations to Address

Barrier: Health Professions Training Program Access	Recommendation
15. Articulation issues between community college programs and California State Universities (CSU) including difference of common prerequisite courses and nursing course identifier	15.1 Increase awareness if CID academic senate project and associated legislation
16. Limited BSN and MSN programs specifically for Nurse Practitioners (NP) in mental health/behavioral health field and closure of Clinical Nurse Specialist (CNS) programs	<p>16.1 Expand advocacy support of Advanced Practice RN (NP, CNS, and DNP) by political groups</p> <p>16.2 Offer incentives to Baccalaureate level nurses to go into the MH/BH/Substance Use career pathway</p> <p>16.3 Offer residency practicum at community-based MH/BH settings for Baccalaureate entry level nurses</p>

# Recommendations to Address Identified Barriers

Barrier: Health Professions Training Program Access	Recommendation
17. Controversy regarding MS, NP and DNP programs	17.1
18. Lack of faculty for mental health/behavioral health specialty areas for ADN, BSN and MSN educational programs (regional issue?)	<p>18.1 Provide support and incentives for faculty recruitment, particularly for those placed in “at risk” environments</p> <p>18.2 Increase awareness and replication faculty leadership develop programs and highlight the mental health specialty area (Pacific Clinic Nursing Bridge model)</p>

# Recommendations to Address Identified Barriers

Barrier: Training Program Retention	Recommendation
19. Limited data regarding student retention in mental health/behavioral health programs	<p>19.1 Increase financial support for student support services such as tutoring, mentoring, financial aid, fast tracking (ELM), child care services to increase program retention</p> <p>19.2 Develop data set to track system performance (e.g., where students go for employment after school; determine if training programs are accomplishing its goals, etc.)</p>

# Recommendations to Address

Barrier: Internships	Recommendation
<p>20. Limited nursing school clinical practicum sites and internships available for mental health/behavioral health</p>	<p>20.1 Increase internship sites through the use of alternative community based sites and underrepresented multicultural specific facilities</p> <p>20.2 Increase internship sites through the use of simulation center around mental</p>
<p>21. Limited NP clinical internship sites and competition with MD and PA students as well as required 500 clinical hours need to be across the lifespan which requires more than one preceptor</p>	<p>Same as 20.1 and 20.2</p>
<p>22. Issues/concerns with licensing agency regarding curriculum and clinical practicum sites for mental health/behavioral health</p>	<p>22.1 Lobby the BRN regarding regulation of acute care clinical sites</p>

# Recommendations to Address Identified Barriers

Barrier: Internships	Recommendation
23. Lack of awareness of faculty development for mental health/behavioral health	23.1 Work with Health Workforce Centers and other organizations to develop, market, and offer faculty development opportunities
24. Limited number of psychiatrists' to provide supervision to NPs which limits client/consumer service access and efficiency within the community	24.1 Recruit psychiatrists 24.2 Develop and provide a supervisory/preceptor training program for psychiatrists

# Recommendations to Address Identified Barriers

Barrier: Financing & Support Systems	Recommendation
25. Lack of awareness of Scholarships, stipends, loan repayment, and loan forgiveness programs	25.1 Increase awareness of scholarships, stipends, loan repayment and loan forgiveness programs through listserv and marketing strategies 25.2 Develop and offer scholarship workshops
26. Lack of awareness of mental health/behavioral health specialty certification programs; Certification exam changes currently taking place and no certification exam	26.1 Identify professional organizations and certifying organizations

# Recommendations to Address Identified Barriers

Barrier: Financing & Support Systems	Recommendation
27. NP Scope of Practice issues related to prescribing	27.1 Lobby/campaign to allow APRNs to practice independently to the full extent of their training and education
28. Lack of recognition and awareness regarding independent practice for CNS (no prescriptive privileges related to state law)	28.1

# Recommendations to Address Identified Barriers

Barrier: Hiring & Orientation	Recommendation
29. Lack of clear employment opportunities for mental health/behavioral health NP and CNS	29.1 Clearly identify job opportunities for Advanced Practice RN (NP, CNS, and DNP)
30. Cost of orientation for new hires in the hiring facilities/agencies	30.1 Increase collaborations between educational partners and hiring agencies/facilities for “Transition to Practice” programs 30.2 Develop and Internal career pathway for advancement of their current employees



# Recommendations to Address Identified Barriers

Barrier: Retention & Advancement	Recommendation
31. Financial/workforce hardship for community-based MH/BH organizations related to allowing nursing staff to modify their work schedules to pursue RN/APN degrees	31.1 Provide financial incentives to community-based MH/BH organizations that support staff to obtain higher education and training within mental/behavioral healthcare
32. Different salary scales and compensation for different types of organizations	32.1 Discuss and implement reasonable standardized salary and compensation scale